2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002578

3640 NW 9TH TER.

WILTON MANORS, FL 33311

Address:

City-St-Zip:

Atity Name: MAKE A SCENE BRODUCTION

FILED Apr 03, 2008 Secretary of State

Entity Name: MAKE A SCENE PRODUCTION, INC. **Current Principal Place of Business: New Principal Place of Business:** 2204 ENSENADA TERRACE WESTON, FL 33327 **Current Mailing Address: New Mailing Address:** 2204 ENSENADA TERRACE WESTON, FL 33327 FEI Number: 20-8805571 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSON, HENRY W JOHNSON ZIPPAY & WALTERS PA 1401 N UNIVERSITY DRIVE SUITE 301 CORAL SPRINGS, FL 33071 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PERKINS, MICHELE Name: Name: Address: 4169 SW 67TH AVE Address: City-St-Zip: **DAVIE, FL 33314** City-St-Zip: Title: () Delete Title: () Change () Addition CROSSIN, TEAL L Name: Name: Address: 4169 SW 67TH AVE Address: City-St-Zip: **DAVIE, FL 33314** City-St-Zip: Title: () Delete Title: () Change () Addition ARTECHE, SONIA Name: Name: 2204 ENSENADA TERRACE Address: Address: City-St-Zip: WESTON, FL 33327 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ARTECHE, LEON Name: 2204 ENSENADA TERRACE Address: Address: City-St-Zip: WESTON, FL 33327 City-St-Zip: Title: Title: () Delete () Change () Addition PERKINS, DAWN Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ARTECHE SONIA D 04/03/2008